



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

JAN 28 2019

BY 7074  
102

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |                 |  |   |                                  |                     |
|--|-----------------|--|---|----------------------------------|---------------------|
| 1. Entity ID Number<br><b>89534</b>  |                 | 2. Exact name of the Corporation<br><b>Lavallee Windows &amp; Siding, Ltd.</b>   |   |                                  |                     |
| 3. Principal Office Address<br><b>259 Congdon Drive</b>  |                 |  | City<br><b>Wakefield</b>  | State<br><b>RI</b>               | Zip<br><b>02879</b> |
| 4. NAICS Code<br><b>212321</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the exterior remodeling of residential and commercial properties.</b> |   |                                  |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                 |  |   |                                  |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                                  |                     |
| President Name <b>Robert S. Lavallee</b>   |                 |  | Vice-President Name <b>Robert S. Lavallee</b>   |                                  |                     |
| Street Address <b>259 Congdon Drive</b>  |                 |  | Street Address <b>259 Congdon Drive</b>   |                                  |                     |
| City <b>Wakefield</b>  | State <b>RI</b> | Zip <b>02879</b>   | City <b>Wakefield</b>   | State <b>RI</b>                  | Zip <b>02879</b>    |
| Secretary Name <b>Robert S. Lavallee</b>   |                 |  | Treasurer Name <b>Robert S. Lavallee</b>  |                                  |                     |
| Street Address <b>Same as above</b>  |                 |  | Street Address <b>Same as above</b>   |                                  |                     |
| City   | State           | Zip  | City  | State                            | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                                  |                     |
| Director Name  |                 |  | Director Name   |                                  |                     |
| Street Address   |                 |  | Street Address  |                                  |                     |
| City   | State           | Zip  | City  | State                            | Zip                 |
| Director Name  |                 |  | Director Name   |                                  |                     |
| Street Address   |                 |  | Street Address  |                                  |                     |
| City   | State           | Zip  | City  | State                            | Zip                 |
| 9. Shares Authorized   |                 |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                  |                     |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                 |  | NUMBER OF SHARES  |                                  | CLASS/SERIES        |
|  |                 |  | 100   |                                  | common              |
|  |                 |  | PAR VALUE   |                                  | - 0 -               |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.<br><i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |                 |  |   |                                  |                     |
| Name of Authorized Representative<br><b>Robert S. Lavallee</b>   |                 |  |   | Date<br>January <u>17</u> , 2019 |                     |
| Signature of Authorized Representative<br>   |                 |  |   | SIGN DOCUMENT HERE               |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov